



Active-Duty Military Residency Waiver

This form is to be completed by an active-duty member of the U.S. Armed Forces and their legal department stationed in Colorado on a permanent change-of-station basis or on a temporary assignment to duty in Colorado.

Student Name:	Student ID#:	
Email Address:	Phone:	
Student Signature:	Date:	
Please indicate the semester and year for which you are re	equesting exemption:	
[] Fall 20 [] Spring 20		
Student Status: [] Active-Duty Service Member [] De	pendent of a Military Mem	nber
Please provide a copy of your Military or Dependent ID card		
If you are a dependent: Name of Armed Forces Member (Start Armed Forces Affiliation: [] US Army [] USAF [] Education Services Offer Certification	. ,	
I certify that	is an active-duty memb	er of the U.S. Armed
Forces and is currently assigned to:		
[] Permanent duty station (PCS) in Colorado at		
[] Temporary duty station (TDY) in Colorado at		
I certify that	is a legal dependent of	this member.
Certification is valid for: [] Fall 20 [] Spring 20 Certifying Official:		
Print Name/Title	Signature	Date
Office Use Only: Processed by:	 Date:	